

Wisconsin Department of Safety & Professional Services

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Madison, WI 53703
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CHIROPRACTOR

CONTINUING EDUCATION ADDENDUM

Name: _____ Credential #: _____

(Please Print)

PLEASE COMPLETE THE FOLLOWING INFORMATION WHICH IS REQUIRED IN ORDER TO RENEW YOUR LICENSE:

☐ I have completed the 40 hours of continuing education as required for the 2015-2016 biennium. I have evidence of this which I will furnish to the Chiropractic Examining Board upon request. If more space is needed, please attach an additional sheet. **One (1) credit of AED course work may be counted toward the continuing education requirement every biennium (CHI100000).**

Course ID #	Course Title	Credit Hours
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Total Credits Hours: _____

Date: _____ Signature: _____

MAKING A FALSE STATEMENT IN CONNECTION WITH ANY APPLICATION FOR CREDENTIAL IS GROUNDS FOR REVOCATION OR DENIAL.

#2919 (10/16)

Ch.446, Stats.

Committed to Equal Opportunity in Employment and Licensing